Approved for use through 01/31/2004. OMB 0551-0033 U.S. Petent end Tredemark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	Attorney Docket No.		ACY3335	0-02		
Address to:	First Named Inventor		PEES et al.			
Mail Stop Reissue	Original Patent Number		6,255,309			
Commissioner for Patents P.O. Box 1450		nt Issue Date	7/3/01			
(Month/Day/			773701			
 	Express Mail	Label No.				
APPLICATION FOR REISSUE OF: (Chock applicable box) Utility Patent Design Patent Plant Patent						
APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS						
1. Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		10. Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).				
Applicant claims small entity status. See 37 CFR 1.27.		11. Original Patent Grant				
Specification and Claims in double column copy of patent format (amended, if appropriate)		Ribboned Original Patent Grant				
4. Drawing(s) (proposed amendments, if appropriete)	Drawing(s) (proposed amendments, if appropriate)			Statement of Loss (PTO/SB/55)		
5. X Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)		12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)				
6. Power of Attorney			on Disclosure nt (IDS)/PTO-14	Copies of IDS Citations		
7. X Original U.S. Patent currently assigned? X Yes (if Yes, check applicable box(es))	No	English 7		elssue Oath/Declaration		
Written Consent of all Assignees (PTO/SB/53)	15. Preliminary Amendment					
37 CFR 3.73(b) Statement (PTO/SB/96)		Return Receipt Postcard (MPEP 503) 16. (Should be specifically itemized)				
CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		17. Other. SUBMISSION				
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)						
a. Computer Readable Form (CFR)						
b. Specification Sequence Listing on:						
i ☐ CD-ROM (2 copies) or CD-R (2 copies); or						
c. Statements venifying identity of above copies 18. CORRESPONDENCE ADDRESS						
X Customer Number: 26474		OR	Correspondence	ce address below		
Name Herbert B. Keil						
Address Keil & Weinkauf						
City 1350 Connecticut Avenue, NW State DC Zip Code 20036						
Washington		659-0100	Fax	202-659-0105		
V5A 105A 202 059 0100 100 202 059 0100						
Name (Print/Type) Herbert, B., Keil Registration No. (Attorney/Agent) 18,967						
Signature Kefel BK		Da	te August	19, 2003		

his consisting of information is required by 37 CFR 1.173. The information is required to obtain or retain is secret by the public within it to life (see by the USFTO to proceed) in application. Confidentially the powerse by 30 CFR 1.173. The information is completed to publication in a life of the public of

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.